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CONFIRMATION NO. 2290

SERIAL NUMBER 10/001,357	FILING DATE 10/31/2001  RULE	CLASS 604	GROUP ART UNIT 2863	ATTORNEY DOCKET NO. 11738.00045
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/259,008 12/29/2000 *th*  
 and claims benefit of 60/259,115 12/29/2000 *th*  
 and claims benefit of 60/259,022 12/29/2000 *th*  
 and claims benefit of 60/259,116 12/29/2000 *th*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *tl*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 12/28/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>th</i> Initials <i>tl</i>	STATE OR COUNTRY MN	SHEETS DRAWING 8	TOTAL CLAIMS <del>28</del> 49	INDEPENDENT CLAIMS <del>8</del> 8
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ADDRESS  
 27581  
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TITLE  
 Non-conformance monitoring and control techniques for an implantable medical device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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